

# CLAIMS ONLY

Application Number

10593394

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
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49						
50						
Total Indep	1					
Total Depend	13					
Total Claims	14					

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						